



Minnesota Urban and Rural Homesteading Program Construction Draw Request

Contract Agreement ID # _____

Upon review of the Draw Request Form, MHFA will forward the amount requested within twenty (20) working days.

Administrator Information:

Administering Entity _____

Contact Person and Phone Number _____

E-Mail Address _____

Property Address: _____ Draw # _____

City, Zip _____

1. Name of Contractor or Payee: a. _____ b. _____ c. _____ d. _____	Amount Requested a. \$ _____ b. \$ _____ c. \$ _____ d. \$ _____
2. Amount of Draw Request	\$ _____
3. Developer's Fee: Indicate percentage ____% (Percentage x line 2)	\$ _____
4. Total Amount Requested From MHFA For This Draw (line 2 plus line 3)	\$ _____

The Administrator certifies that they have verified this request for payment and that to the best of their knowledge and belief it is a true and accurate statement of the value of work performed and material supplied by the contractor mentioned. All work and material included in this request has been inspected by the administrator and that the work has been performed or supplied in full in accordance with the scope of work, the terms and conditions of the contract, and duly authorized deviations, submissions, alterations and additions all of which have been duly approved.

The Administrator requests that MHFA disburse the amount indicated on line 4. The Administrator understands that the funds requested for the contractor must be disbursed within **12** calendar days or the funds must be returned to MHFA.

Signature of Administrator _____

Date _____